

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048935

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 185

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Perryville</b>		c. CITY OR TOWN <b>Perryville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rowald Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>R.2.</b>	

3. NAME OF DECEASED (Type or print) <b>Paul Unterreiner</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>26</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 31, 1876</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Perry County, Mo., U.S.A.</b>	

13a. FATHER'S NAME <b>Paul Unterreiner</b>		13b. MOTHER'S MAIDEN NAME <b>Cecilia Weber</b>		14. NAME OF HUSBAND OR WIFE <b>Herman Leible, Perryville, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>[REDACTED]</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thrombosis</b> DUE TO (b) <b>Chr. Cordis - Vascular</b> DUE TO (c) <b>Renal Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 Days</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:00</b> a.m. <b>P.M.</b> Month, Day, Year <b>Nov 13, 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Perryville, Mo.</b>	
21. I attended the deceased from <b>Nov 13, 1963</b> to <b>Dec 26, 1963</b> and last saw her alive on <b>Dec 24, 1963</b>		22a. SIGNATURE <b>Ed Carson M.D.</b>		22b. ADDRESS <b>Perryville Mo</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-30-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Schnurbusch, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>12-28-63</b>		23f. REGISTRAR'S SIGNATURE <b>Joel Zellner</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

[illegible]

working under my personal supervision.

Student \_\_\_\_\_

**Signature of Student Embalmer**

Signed,

~~Licensed Embalmer No~~

PF Adams

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.